



ANNOUNCING:

It's Time! Integrate Viral Hepatitis Into Your Work **Training-of-Trainers (TOT) Program**

Free TOT to Disseminate a CDC-approved National Training Curriculum on Viral Hepatitis

The New York State Department of Health National Viral Hepatitis Training Center is funded by the Centers for Disease Control and Prevention to develop, field test and disseminate a national training curriculum on viral hepatitis. The target audience for the training curriculum is non-physician health and human services providers who work in HIV/AIDS, public health, substance use treatment and correctional settings. The curriculum has been developed and field-tested and will now be disseminated via TOT programs across the country.

The goal of the two-day TOT is to create a national network of trainers with the knowledge, skills, information, and resources needed to offer *It's Time! Integrate Viral Hepatitis Into Your Work* in their geographic area.

A team of two or more trainers is required to participate in the TOT. Preference will be given to applications from training teams that are able to widely disseminate the training. Agencies and trainers must commit to conducting at least two trainings per year, including providing training materials to all participants. Participating agencies are responsible for covering all travel, food and lodging costs associated with attending the TOT.

TOT: Quick Summary

- Free two day TOT prepares training teams to offer the training curriculum.
- Training team of two or more people is required.
- Members of the team may come from different agencies.
- Must submit an application for consideration.
- Preference given to teams able to widely disseminate the training in their region.
- Training teams must have prior knowledge of viral hepatitis and training skills.
- During the TOT, trainers must make a presentation and pass a knowledge test.
- Teams that successfully complete the TOT will receive an electronic copy of the trainer and participant manuals, slides, handouts and QA/evaluation materials.
- Each training team must commit to delivering at least two trainings per year.

Course Objectives for this TOT:

As a result of participation in this program, trainees will be able to:

1. use the CDC approved trainer and participant manuals to conduct the *It's Time! Integrate Viral Hepatitis Into Your Work* training program;
2. demonstrate competency in presenting basic information about hepatitis A, B and C including; epidemiology, transmission, spectrum of illness, prevention / harm reduction strategies and treatment options;
3. list strategies for promoting integration of viral hepatitis services in settings that serve people at high risk, including HIV/AIDS programs, public health, substance use programs and correctional settings;
4. demonstrate communication skills needed to present the training in a manner that is non-judgmental and culturally sensitive;
4. identify strategies for handling difficult participants and challenging groups; and,
5. use standardized pre / post tests and participant satisfaction surveys to evaluate the impact of the training.

Interactive, Competency Based Training of Trainers

Participants will be engaged in an interactive training that is designed to provide them with the knowledge and skills needed to deliver the training in a manner that is tailored to the needs of their region. The number of participants will be limited to 16 in each TOT. During the TOT, participants will be expected to conduct a fifteen-minute presentation using the *It's Time! Integrate Viral Hepatitis Into Your Work* training materials. Participants will be required to pass a post-training knowledge questionnaire demonstrating basic competency in viral hepatitis information.

For More Information About the Curriculum

If you would like more information about the curriculum *It's Time! Integrate Viral Hepatitis Into Your Work* please visit the New York State Department of Health website at <http://www.health.state.ny.us/diseases/aids/training/currentevents.htm>. Training materials are designed in a manner that will allow trainers to easily complete appropriate state-specific applications for continuing education credits for various professions.

Application is Required to Be Considered for Participation in this TOT

Agencies may apply for acceptance into this TOT by completing the attached application form. Please complete all sections of the form. Please type or print clearly. The application form must be received as soon as possible but no later than six weeks prior to the training delivery you would like to attend. Please see the application for information about how and where to send the application.

Any questions about the TOT should be directed to Martha Gohlke at:

Phone: 518-474-3045 Email: mag20@health.state.ny.us

Viral Hepatitis TOT Application Form

Page 1 of 3

Section I - Choose the TOT You Would Like to Attend

Please place a check in the box next to the training that you would like to attend:

Location	Date	Check Box
Austin, TX	March 8-9	<input type="checkbox"/>
Atlanta, GA	March 22-23	<input type="checkbox"/>
San Juan, Puerto Rico	March 29-30	<input type="checkbox"/>
Los Angeles, CA	April 5-6	<input type="checkbox"/>
Springfield, MA	April 26-27	<input type="checkbox"/>
Columbus, OH	May 3-4	<input type="checkbox"/>
Salt Lake City, UT	May 10-11	<input type="checkbox"/>
Oklahoma City, OK	May 23-24	<input type="checkbox"/>
Portland, OR	June 7-8	<input type="checkbox"/>
Chicago, IL	June 14-15	<input type="checkbox"/>

NOTE: Application form must be received as soon as possible but no later than six weeks prior to the training delivery you would like to attend.

Section II - Trainer and Agency Information

Please list the person who will serve as the team's Primary Contact person as Trainer # 1. A minimum of two trainers is required. Trainers may be from different agencies.

Trainer # 1 Primary Contact

Trainer Name _____

Title _____

Agency _____

Type of Agency _____

Does trainer anticipate being with the agency through 2007? Yes ☐ No ☐

Address _____

Phone/Fax _____

Email _____

Trainer # 2 (required)

Trainer Name _____

Title _____

Agency _____

Type of Agency _____

Does the trainer anticipate being with the agency through 2007? Yes ☐ No ☐

Address _____

Phone/Fax _____

Email _____

Viral Hepatitis TOT Application Form

Page 2 of 3

Trainer # 3 (optional)

Trainer Name _____

Title _____

Agency _____

Type of Agency _____

Does trainer anticipate being with the agency through 2007? Yes ☐ No ☐

Address _____

Phone/ Fax _____

Email _____

Trainer # 4 (optional)

Trainer Name _____

Title _____

Agency _____

Type of Agency _____

Does the trainer anticipate being with the agency through 2007? Yes ☐ No ☐

Address _____

Phone/ Fax _____

Email _____

Section III - Trainer Background Information

To be successful, each training team should have demonstrated knowledge and skills in a variety of areas. It is anticipated that teams will be made up of individuals with different and complimentary backgrounds. Please check the appropriate boxes below to indicate which trainers have demonstrated knowledge / skills / experience in the following areas:

Knowledge / Skill Area	Trainer	1	2	3	4
Knowledge of Hepatitis A		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Hepatitis B		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Hepatitis C		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention / Harm Reduction Counseling		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrating hepatitis services into programs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training / presentation skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitation skills		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Unique Qualifications that Should Be Considered:

Viral Hepatitis TOT Application Form

Page 3 of 3

Please describe your plan for delivering the *Its Time! Integrate Viral Hepatitis Into Your Work* training in your region. Include a description of your training audience. Preference will be given to applications outlining wide dissemination of the training. Attach additional pages if needed.

Section IV - Agency Attestation and Commitment Letter

This application must include a letter from each participating agency that, 1) describes the agency's commitment to providing viral hepatitis services to clients, 2) states that the agency is committed to conducting a minimum of two trainings per year, including making copies of training materials available to all participants, and 3) acknowledges that the trainer has supervisory approval to attend the TOT.

Any questions about the TOT should be directed to Martha Gohlke at:

Phone: 518-474-3045

Email: mag20@health.state.ny.us

Please mail, fax or email all three pages of the completed application and letters from each agency to:

Amy Yost, Lead Secretary
New York State Department of Health
Corning Tower, Room 244
Empire State Plaza
Albany, NY 12237-0658
Fax: 518-473-8814
Phone: 518-474-3045
Email: amy02@health.state.ny.us